



UCD School of Nursing, Midwifery  
and Health Systems

UCD Health Sciences Centre,  
University College Dublin,  
Belfield, Dublin 4, Ireland  
[www.nmhs.ucd.ie](http://www.nmhs.ucd.ie)

Scoil na hAltrachta, an  
Chnáimhseachais agus na gCóras  
Sláinte UCD

Ionad Eolaíocht Sláinte UCD  
An Coláiste Ollscoile, Baile Átha Cliath,  
Belfield, Baile Átha Cliath 4, Eire

## PROFESSIONAL REFERENCE FORM

Programme Applied for \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Address of Candidate \_\_\_\_\_

### To the referee:

Dear Sir or Madam,

I would be grateful if you would complete this form to provide a reference for the applicant above. No final decision can be made concerning this application until references are received, so I would be grateful for your urgent attention to this request.

Please return form to the candidate as it is his/her responsibility to upload this reference onto their UCD application form.

Yours sincerely,

**Dr Mary Casey**  
**Associate Dean for Graduate Programmes**

Please give your assessment of the applicant's suitability for the programme with regard to **all of the following 6 categories**.

**1. Quality of decision making:**

**2. Initiative:**

**3. Ability to work without direct supervision:**

**4. Sensitivity to and tolerance of others:**

**5. Attendance:**

**6. Other abilities you think will support the candidate in this application:**

***All information will, of course, be treated with strict confidence.***

Referee name: \_\_\_\_\_

Referee signature \_\_\_\_\_

Position of Referee: \_\_\_\_\_ Date \_\_\_\_\_

Institution: \_\_\_\_\_